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**\*BIBDATASHEET\***

CONFIRMATION NO. 3811

Bib Data Sheet

<b>SERIAL NUMBER</b> 10/776,686	<b>FILING OR 371(c) DATE</b> 02/10/2004 <b>RULE</b>	<b>CLASS</b> 607	<b>GROUP ART UNIT</b> 3739	<b>ATTORNEY DOCKET NO.</b> 105090-0237
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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This appln claims benefit of 60/446,300 02/10/2003 and claims benefit of 60/446,342 02/10/2003  
and claims benefit of 60/449,188 02/21/2003  
and is a CIP of 10/680,705 10/07/2003  
and is a CIP of 10/702,104 11/04/2003  
which is a CIP of 09/996,662 11/29/2001 PAT 6,648,904 *ity*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE**  
**GRANTED \*\* 05/08/2004**

**\*\* SMALL ENTITY \*\***

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> MA	<b>SHEETS DRAWING</b> 19	<b>TOTAL CLAIMS</b> 40	<b>INDEPENDENT CLAIMS</b> 1
35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met				
Verified and Acknowledged	<i>Allowance</i> Examiner's Signature	Initials		

**ADDRESS**

21125

**TITLE**

Multi-directional oral phototherapy applicator

**FILING FEE** FEES: Authority has been given in Paper  
**RECEIVED** No. \_\_\_\_\_ to charge/credit DEPOSIT ACCOUNT  
630 No. \_\_\_\_\_ for following:

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